

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107019675 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	①		/			
5	②		/			
6	③		/			
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TOTAL IND.	3					
TOTAL DEP.	10					
TOTAL CLAIMS	13					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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